



VIA HAND DELIVERY MARCH 18th, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: DUAN et al.

Application Serial No.: 10/020,139

Art Unit: 1644

Filed: December 18, 2001

Examiner: Belyavskiy, M.

For: Polynucleotides Encoding Human Parotid
Secretory Protein (As Amended)

Atty. Docket: **PF348C1**

REPLY UNDER 37 C.F.R. § 1.111 TO PAPER NO. 112003

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated December 23, 2003 please consider the following amendments and remarks. Submitted concurrently herewith is a Fee Transmittal Sheet accompanied by the appropriate fee. Reconsideration of the rejection is respectfully requested.

- Remarks begin on page 2 of this paper.

Image



PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/020,139-Conf. #7037																																																																																						
		Filing Date	December 18, 2001																																																																																						
		First Named Inventor	D. Duan																																																																																						
		Examiner Name	M. Belyavskiy																																																																																						
		Art Unit	1644																																																																																						
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No.	PF348C1																																																																																						
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>METHOD OF PAYMENT (check all that apply)</p><div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> Check</div><div><input type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div><div><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.</div><p style="font-size: x-small;">The Director is authorized to: (check all that apply)</p><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div></div> <div style="width: 48%;"><p>FEE CALCULATION</p><div style="border: 1px solid black; padding: 5px;"><p>1. BASIC FILING FEE</p><table border="1" style="width: 100%; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td>(\$) 0.00</td></tr></tbody></table></div><div style="border: 1px solid black; padding: 5px;"><p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p><div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Total Claims</div><div>33</div><div>-37** =</div><div></div><div>x</div><div>Fee from below</div><div>=</div><div>Fee Paid</div><div>0.00</div></div><div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Independent Claims</div><div>5</div><div>-7** =</div><div></div><div>x</div><div></div><div>=</div><div>0.00</div></div><div style="display: flex; justify-content: space-between; font-size: x-small;"><div>Multiple Dependent</div><div></div><div></div><div></div><div></div><div></div></div><table border="1" style="width: 100%; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr></tbody></table></div></div> <div style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</div>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$) 0.00	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					(\$) 0.00
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3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$) 0.00

SUBMITTED BY

Name (Print/Type)

Melissa J. Pytel

Registration No. (Attorney/Agent)

41,512

Signature

Date

March 18, 2004

(Complete if applicable)

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